Revision: HCFA-PM- -(MB) ATTACHMENT 2.2-A Page 9b Maine State: Citation(s) Agency\* Groups Covered Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 1902(a)(10(E)(i) and 1905(p) of 25. Qualified Medicare beneficiariesthe Act Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income does not exceed 100 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI. (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.) 1902(a)(10)(E)(ii), 26. Qualified disabled and working individuals-1905(s) and 1905(p)(3)(A)(i) of the Act a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act; b. Whose income does not exceed 200 percent of the Federal poverty level; and c. Whose resources do not exceed twice the maximum standard under SSI.

d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of

\*Agency that determines eligibility for coverage.

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the Act.)

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	State:		Main	e	· .	
Agency*	Citation(s)					Groups Covered
		Α.	Mand Requ	ator irec	y Coverage - Categorical   Special Groups (Continu	ly Needy and Other ed)
1902(a)(10	(E) (iii)		27.	Spe	cified low-income Medica	re beneficiaries—
and 1905(p)(3)(A)(ii) of the Act			a.	Who are entitled to hos benefits under Medicare pursuant to an enrollme 1818A of the Act);	Part A (but not	
				b.	Whose income for calend 1994 exceeds the income is less than 110 percen poverty level, and whos years beginning 1995 is percent of the Federal	t of the Federal
				c.	Whose resources do not maximum standard under	
	-			Med	dical assistance for this icare Part B premiums und Act.)	s group is limited to der section 1839 of

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\*Agency that determines eligibility for coverage.

State: Maine  B. Optional Groups Other Than the Medically Needy  42 CFR (X/ 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, optional 1902(a) optional State supplement as specified in 42 (10)(A)(ii) and CFR 435.230, but who do not receive cash assistance.    X/ The plan covers all individuals as described above.	Revision	: HCFA-PM-91-4 1991	(BPD)	Page 9c	
B. Optional Groups Other Than the Medically Needy  42 CFR /X/ 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, of optional State supplement as specified in 42 (10)(A)(ii) and 1905(a) of the Act   /X/ The plan covers all individuals as described above.  /// The plan covers only the following group or groups of individuals:		State:	Maine	OMB NO.	: 0938-
42 CFR /X/ 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, optional State supplement as specified in 42 (10)(A)(ii) and 1905(a) of the Act   /X/ The plan covers all individuals as described above.  /// The plan covers only the following group or groups of individuals:	Agency*	Citation(s)	Grou	ps Covered	
income and resource requirements of AFDC, SSI, of optional State supplement as specified in 42 (10)(A)(ii) and 1905(a) of the Act		В. <u>О</u> р	tional Groups Oth	er Than the Medically	Needy
above.  // The plan covers only the following group or groups of individuals:	4 1 ( 1	35.210 902(a) 10)(A)(ii) and 905(a) of	income and resou optional State s CFR 435.230, but	rce requirements of A upplement as specifie	FDC, SSI, or an d in 42
group or groups of individuals:  Aged Blind Disabled Individuals under the age of -  21 20 19 16 Caretaker relatives Fregnant women  42 CFR ZX/ 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in CFR 425.230, if they were not in a medical institution.				overs all individuals	as described
Blind Disabled Individuals under the age of -  21  20  19  18  Caretaker relatives Fregnant women  42 CFR /X/ 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in CFR 435.230, if they were not in a medical institution.		****			ing
or an optional State supplement as specified in CFR 435.230, if they were not in a medical institution.  *Trency that determines eligibility for poverage.			Blind Disable Individ 21 20 19 18 Caretak	uals under the age of er relatives	-
			or an optional S CFR 435.230, if	tate supplement as sp	ecified in 42
	<sup>3</sup> ີ "ຂອງປຸ	that determines	elisihility for a	over zas	
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	State:		Maine							
Agency*	Citation(	s)			Groups Covere	ed	OF	lib		
		В.	Optional G		s Other Than the	e Medic	ally N	eedy		
1902(e) Act, P.I (section	435.212 & (2) of the 99-272 n 9517) P.L. (section		(Continued  3. The S becam enrol Publi entit (E), (CMP) the A entit liste contr under famil 1905(	tate e ot led c He y de or ( wit ct, y fo act thi y pl a)(4 The The minimito e	deems as eligibherwise ineligibin an HMO qualifalth Service Actscribed in section of the Act, of a Medicare combut who have beer less than the low. The HMO or as specified in section is limanning services)(C).  State elects not State elects to mum enrollment paceed six).	ole the cole for sied under a Contract en entite 42 CFF ited to guarante entite described the min entite en	se ind Medicaler ti ile en (3(m)(2) mpetit under (11ed i menro (y must (434.2) (o HMO (bed in (arante (is (is) (is) (is) (is) (is) (is) (is)	ividual aid white XII rolled () (B) (iii ive Med section on the Filment have a () (a). service section e eligibilismontolles od of e without regards od of e tient e under	ile II of the in an ii), dical Plan 1876 of IMO or period a risk Coverage es and on ibility. Ity. The nonths (number of the period enrollment any less of enrollmen (including the period enrollmen it any less of enrollmen (including the period enrollmen the period enrollmen it any less of enrollmen (including the period enrollmen it any less of enrollmen (including the period enrollmen it any less of enrollmen (including the period enrollmen (	in :
					The date beginn enrollment in to (not including under this sect disenrollment oprivately paying enrollment periondividual become than under this	the HMC period ion), of period patients of beginners Me	as a als when withou ods of ent.	Medicar payment tany: enroll (A new ch time	id patien nt is mad interveni lment as minimum e the	le .ng a
*Agency	that determ	ines	eligibility	for	coverage					

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State: Maine Agency\* Citation(s) Groups Covered 1903(m)(2)(F) В. Optional Groups Other Than the Medically Needy of the Act. (Continued) P.L. 98-369 (section 2364), The Medicid Agency may elect to restrict the disenrollment P.L. 99-272 rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with (section 9517). P.L. 101-508 Medicare contracts under section 1876 of the Act, and (section 4732 other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. Disenrollment rights are restricted for a period of months (not to exceed 6 months). During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. No restrictions upon disenrollment rights. 1903(m)(2)(H). In the case of individuals who have become ineligible 1902(a)(52) of for Medicaid for the brief period described in the Act section 1903(m)(2)(H) and who were enrolled with an P.L. 101-508 entity having a contract under section 1903(m) when they (section 4732) became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was

The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

\*Agency that determines eligibility for coverage

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Agency\* Citation(s)

Groups Covered

Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.217

A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

\*Agency that determines eligibility for coverge

	August 1 State:	991	Mai	ne				Page 11a OMB NO.:	0938-
Agency*	Citation(	s)			G	roups	Covered	06	Control of the contro
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(A)(1	a)(10) i)(VII) e Act	<u> 1</u> 7	5.	inst rece volu	r the pla itution, ive hospi	n if the who are ce care	hey were e termin e in acc	igible for in a medi ally ill, ordance wi d in secti	cal and who
				<u>/</u> 7	The State			ndividuals	as
				<u>/</u> 7	The State			the follow	ing group or
					Care	oled vidual: 21 20 19 18	relative:	the age of	<b></b> -
*Agency †	hat determ	ines	eligit	o i l i † y	/ for cove	ergae			
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State: _	Maine
Lgency* Citation(s)	Groups Covered
	B. Optional Groups Other Than the Medically Needy (Continued)
42 CFR 435.220	6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.
•	The State covers all individuals as described above.
1902(a)(10)(A) (ii) and 1905(a)	The State covers only the following group or groups of individuals:
of the Act	Individuals under the age of  21 20 19 18 Caretaker relatives Pregnant women
42 CFR 435.222 1902(a)(10) (A)(ii) and 1905(a)(i) of the Act	7. /X/ a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 23 as indicated below.
	<u>X</u> 21 20 19 18

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State:	Maine		
Agency* Citation(s)			Groups Covered
В.	Optional (Continue		s Other Than the Medically Needy
42 CFR 435.222	/7 b.		onable classifications of individuals ribed in (a) above, as follows:
	-	(1)	Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
			(a) In foster homes (and are under the age of).
			(b) In private institutions (and are under the age of).
•			(c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).
	***************************************	(2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).
		(3)	Individuals in NFs (who are under the age of). NF services are provided under this plan.
		(4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of $\_$ ).

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Agency*	Citation(s)			Groups Covered
	В.	Optional (		s Other Than the Medically Needy
			(5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
			(6)	Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.
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